# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2009**
**Secretary of State**

DOCUMENT# F93000002360

**Entity Name:** NMTC, INC.

**Current Principal Place of Business:**

4403 ALLEN ROAD
STOW, OH 44224

**New Principal Place of Business:**

**Current Mailing Address:**

4403 ALLEN ROAD
STOW, OH 44224

**New Mailing Address:**

**FEI Number: 34-1728074** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: COMAS, DANIEL L
Address: 2099 PENNSYLVANIA AVE., NW
City-St-Zip: WASHINGTON, DC 20006

Title: VPS ( ) Delete
Name: O'REILLY, JAMES
Address: 2099 PENNSYLVANNIA AVE., NW
City-St-Zip: WASHINGTON, DC 20006

Title: D ( ) Delete
Name: LUTZ, ROBERT S
Address: 2099 PENNSYLVANIA AVE., NW
City-St-Zip: WASHINGTON, DC 20006

Title: P ( ) Delete
Name: WILLIS, THOMAS N
Address: 4403 ALLEN RD
City-St-Zip: STOW, OH

Title: T ( ) Delete
Name: HILL, THOMAS M
Address: 4403 ALLEN ROAD
City-St-Zip: STOW, OH 44224

Title: AST ( ) Delete
Name: SCHWERTNER, CHARLES A
Address: 6095 PARKLAND BLVD., #310
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition
Name: SMITH, LAURENCE S
Address: 2099 PENNSYLVANIA AVE., NW
City-St-Zip: WASHINGTON, DC 20006

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP/D (X) Change ( ) Addition
Name: LUTZ, ROBERT S
Address: 2099 PENNSYLVANIA AVE., NW
City-St-Zip: WASHINGTON, DC 20006

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. HILL T 04/21/2009

Electronic Signature of Signing Officer or Director Date